## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER:				PA	GE	80	OF	91	1	
(check only one)										
	17		18			19a		19	∂b	
<u> </u>	<b>2</b> 0a		20b			20c		21	1	
by not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.										
	(check or	(check only one)  17  X 20a  7 person for the purp	(check only one)  17  X 20a  7 person for the purpose	(check only one)  17 18 X 20a 20b  7 person for the purpose of so	(check only one)  17  18  X 20a 20b  7 person for the purpose of solicity	(check only one)  17  18  X 20a  20b  7 person for the purpose of soliciting	(check only one)  17 18 19a  X 20a 20b 20c  7 person for the purpose of soliciting cont	(check only one)  17 18 19a  X 20a 20b 20c  7 person for the purpose of soliciting contribut	(check only one)  17 18 19a 19  X 20a 20b 20c 21  person for the purpose of soliciting contributions	

					<b>∧</b>  20a   20b   20c   21
					son for the purpose of soliciting contributions to solicit contributions from such committee.
\		ITTEE (In Full)			
/ Frie	ends of N	an Hayworth			
	ame (Last, F	First, Middle Initial)			Date of Disbursement
4. CAI	VOLE E.	NLANG	M M / D D / Y Y Y Y		
Mailin	g Address 8	800 5TH AVE., #20-F	04 02 2014		
City	YORK		Amount of Each Disbursement this Period		
Purpo	se of Disbur	sement ERLIMIT CONTRIBUT	1000.00		
	date Name	- CONTRIBOT	Category/	Transaction ID : SB20A.I1999	
Office	Sought:	House	Disbursement For: 2014	Type	REFUND OF OVERLIMIT CONTRIBUTION
		Senate President	Primary General Other (specify)		
State:		District: 00			
B.	amo (Last, 1	iiot, iviidaio IIIItiai)			Date of Disbursement
	g Address			M M / D D / Y Y Y	
City			State Zip Code		
			Sidio Zip Gode		Amount of Each Disbursement this Period
Purpo	se of Disbur	sement			
Candi	date Name		Category/ Type		
Office	Sought:	House	Disbursement For:		
		Senate President	Primary General Other (specify)		
State:		District:			
Full N	arne (Last, F	irst, Middle Initial)			Date of Disbursement
Mailin	g Address		M M / D D / Y Y Y		
	y Address		State Zip Code		
City			Amount of Each Disbursement this Period		
Purpo	se of Disbur	sement			
Candi	date Name				
Office	Sought:	House Senate	Disbursement For:  Primary General		
		President	Other (specify)		
State:		District:			
SUBTO <sup>-</sup>	TAL of Disb	ursements This Page	(optional)		1000.00
		-			1000.00
TOTAL	This Period	(last page this line n	umber only)		